APPLICATION DATA SHEET

| | App | lication l | Informa | tion |
|--|-----|------------|---------|------|
|--|-----|------------|---------|------|

| Appl | lication | num | ber:: |
|------|----------|-----|-------|
|------|----------|-----|-------|

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: DIGITAL IMAGE PROCESSING METHOD

HAVING AN EXPOSURE CORRECTION
BASED ON RECOGNITION OF AREAS

CORRESPONDING TO THE SKIN OF THE

PHOTOGRAPHED SUBJECT

Attorney Docket Number:: 856063,764

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?:: No

Petition included?::

Petition Type::

Licensed U.S. Gov't Agency::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Giuseppe

Middle Name::

Family Name:: Messina

Name Suffix::

City of Residence:: Giardini Naxos

State or Province of Residence::

Country of Residence:: Italy

Street of mailing address:: Via Ischia, 23

City of mailing address:: Giardini Naxos

State or Province of mailing address::

Country of mailing address:: Italy

Postal or Zip Code of mailing address:: I-98030

Second Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Sebastiano

Middle Name::

Family Name:: Battiato

Name Suffix::

City of Residence:: Acicatena

State or Province of Residence::

Country of Residence:: Italy

Street of mailing address:: Via IV Novembre, 138/B

City of mailing address:: Acicatena

State or Province of mailing address::

Country of mailing address:: Italy

Postal or Zip Code of mailing address:: I-95022

Third Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Alfio

Middle Name::

Family Name:: Castorina

Name Suffix::

City of Residence:: Linera

State or Province of Residence::

Country of Residence:: Italy

Street of mailing address:: Via Giovanni Pascolo, 35

City of mailing address:: Linera

State or Province of mailing address::

Country of mailing address:: Italy

Postal or Zip Code of mailing address:: I-95020

Fourth Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Laurent

Middle Name::

Family Name:: Plaza

| Nama Suffixe | ı | | | | |
|-------------------------------------|------------------------|-----------------|---------------------|----|----------------------|
| Name Suffix:: | | A is a | on Desugnes | | |
| City of Residence State or Province | | AIX (| en Provence | | |
| | | - | | | |
| Country of Reside | | Frar | | | |
| Street of mailing a | address:: | | Le Parc de la Chape | | |
| | _ | | Avc. S.Mitre des Ch | am | ps |
| City of mailing add | | Aix en Provence | | | |
| State or Province | of mailing address:: | | | | |
| Country of mailing | g address:: | Fran | nce | | |
| Postal or Zip Cod | e of mailing address:: | F-13090 | | | |
| | | | | | |
| Correspondence | Information | | | | |
| Correspondence Customer Number :: | | 381 | 06 | | |
| 30100 | | | | | |
| Representative I | nformation | | | | |
| | | | | | |
| Representative (| Customer Number:: | | | | 38106 |
| | | | | | |
| Domestic Priorit | y Information | | | | |
| Application :: | Continuity Type:: | - | Parent Application: | : | Parent Filing Date:: |
| | | | | | |
| | <u> </u> | | | | |
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Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| Europe | 03291155.4 | 05/19/03 | Yes |
| | | | |
| | | | |

#1 Assignee Information

| Assignee name:: | STMicroelectronics S.A. |
|---|------------------------------|
| Street of mailing address:: | 29, Boulevard Romain Rolland |
| City of mailing address:: | Montrouge |
| State or Province of mailing address:: | |
| Country of mailing address:: | France |
| Postal or Zip Code of mailing address:: | F-92120 |

#2 Assignee Information

| Assignee name:: | STMicroelectronics S.r.l. |
|---|---------------------------|
| Street of mailing address:: | Via C. Olivetti, 2 |
| City of mailing address:: | Agrate Brianza |
| State or Province of mailing address:: | |
| Country of mailing address:: | Italy |
| Postal or Zip Code of mailing address:: | I-20041 |